

Date: Friday, 18/07/2008 11:05:21 AM  
 User: Julie Lecocq

## Process Sheet

Customer	CU-DAR001 Dart Helicopters Services			Drawing Name	CABIN FLOOR PROTECTOR KIT		
Job Number	40630			Part Number	D412760013		
Estimate Number	12937			Drawing Number	N/A		
P.O. Number				Project Number	N/A		
This Issue	18/07/2008	S.O. No.		Drawing Revision	A		
Prsht Rev.	NC			Material			
First Issue	//	Type	SMALL /MED FAB	Due Date	10/08/2008	Qty:	2
Previous Run	35818			Um:	Each		
Written By							
Checked & Approved By	<u>JUL 08.7.18</u>						
Comment	est rev A 07.07.05 new issue EC						

## Additional Product

Job Number:



Seq. #:	Machine Or Operation:	Description :
1.0	DC	DOCUMENT CONTROL
	Comment: DOCUMENT CONTROL <u>JUL 08.7.28</u>	<u>Photocopy bluefile &amp; type labels per PPP D412-760-013 CHG001</u>
2.0	PACKAGING 1	PACKAGING RESOURCE #1
	Comment: PACKAGING RESOURCE #1	
	Pick Packing Kit	
3.0	D35743	Cabin Floor Protector
	Comment: Qty.: 1.0000 Each(s)/Unit Total : 2.0000 Each(s)	
	CABIN FLOOR PROTECTOR	
	batch: <u>40676</u>	<u>8/7/28</u>
4.0	D35744	Cabin Floor Protector
	Comment: Qty.: 1.0000 Each(s)/Unit Total : 2.0000 Each(s)	
	CABIN FLOOR PROTECTOR	
	batch: <u>40677</u>	<u>8/7/28</u>
5.0	D35753	Cabin Floor Protector
	Comment: Qty.: 1.0000 Each(s)/Unit Total : 2.0000 Each(s)	
	CABIN FLOOR PROTECTOR	
	batch: <u>40676 40682</u>	<u>8/7/28</u>

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_  
 QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_  
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NOTE: Date & initial all entries